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APPLICANTS

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**** FOREIGN APPLICATIONS *******

ITALY MO2004A000050 03/04/2004

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged /OLVIN LOPEZ/ Examiner's Signature			ITALY	2	19	1

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TITLE

Method for Generating and Processing Images for Use in Dentistry

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)

- 1.17 Fees (Processing Ext. of time)
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